

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

Date Correction Plan Due  
1/23/2026

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
715-930-1148

**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Heartland Montessori School		5000591065 / 003 - 2007363	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1107 S Wasson Ln River Falls WI 540222726		715-513-9558	1/8/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.055(1)(a) <b>Supervision Of Children</b>  Description: On 01/07/26, the center self-reported that shortly before 9:40a.m., each child was not supervised by a child care worker who is within the sight and sound of the children to guide the children's behavior and activities, prevent harm, and ensure safety, when during a transition from the bathroom to the Kinni Room, a three-year-old child bypassed her classroom and for approximately two minutes, her whereabouts were unknown to staff. Staff searched the building and found the child outside the building at the entrance door.	To prevent any further issues from occurring, we have implemented walkie talkies for each classroom (& bathroom). We also did a refresher on active & vigilant supervision	1/8/26

Name - Certified Operator / Licensed Center Heartland Montessori School		Provider Number / Facility ID Number 5000591065 / 003 - 2007363	
Address - Facility (Street, City, State, Zip Code) 1107 S Wasson Ln River Falls WI 540222726		Telephone Number 715-513-9558	Date - Regulation Visit 1/8/2026
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
2	251.055(1)(f) <b>Child Tracking Procedure</b>  Description: On 01/07/26, the center self-reported that shortly before 9:40a.m., center staff did not implement and adhere to a procedure to ensure that the number, names, and whereabouts of children in care are known to assigned child care workers at all times, when during a transition from the bathroom to the Kinni Room, a three-year-old child bypassed her classroom and for approximately two minutes, her whereabouts were unknown to staff. Staff searched the building and found the child outside the building at the entrance door.	We implemented walkie talkies to help track the children, esp because our hallway has blind spots. We also did a staffed refresher on correct child tracking procedures	1/8/26

NAME - Agency Worker  
April Callihan

*Caitlin Honnis*

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued  
1/9/2026

Date Signed  
1/8/26